

MEDICAID PERSONAL CARE PROVIDER EXPERIENCE AND TRAINING STATEMENT

Individual Medicaid Personal Care providers and Foster Parents providing Personal Care Services are required to have experience and/or training which will give them the ability to do the personal care tasks.

INSTRUCTIONS

Please use the space provided to explain your training and experience related to these tasks. Check the appropriate box to the left of each task listed below. Check the experience box if you have experience or the training box if you have received training in the provision of the task. If you have both training and experience, check both boxes. Use the lines to the right of each task to tell us when and where you received the experience or training.

TASKS

(See Personal Care Service Descriptions for a complete definition of these tasks)

EXPERIENCE AND/OR TRAINING	DESCRIPTION	DATE	WHERE
<input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING	Personal Hygiene		
<input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING	Dressing		
<input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING	Bathing		
<input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING	Eating		
<input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING	Toileting		
<input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING	Ambulation		
<input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING	Transfer		
<input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING	Positioning		
<input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING	Self-medication		
<input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING	Body Care		
<input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING	Transporting		
<input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING	Shopping		
<input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING	Meal Preparation		
<input type="checkbox"/> EXPERIENCE <input type="checkbox"/> TRAINING	Housework		

Please use the line to the right of each topic below to tell when and where you have had training.

TOPIC	DATE	WHERE
Communication		
Emergency Procedures (When and how to call for assistance)		
First Aid/CPR		

RECOGNITION OF

TOPIC	DATE	WHERE
Drug/Alcohol Abuse Issues		
Client Abuse or Neglect (financial, physical, verbal)		
Common Medical Problems		

Check those that apply

I have worked as a:

- ☐ home health aide
 ☐ contracted chore worker
 ☐ individual provider
 ☐ nursing home aide
 ☐ hospital aide
☐ private worker
 ☐ boarding home
 ☐ other:

